

# **BAKER BOTTS LLP**

Please type a plus sign (+) inside this box →



## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10X018.116
Filing Date	December 14, 2001
First Named Inventor	LUTZ FABIAN
Group Art Unit	
Examiner Name	
Attorney Docket Number	A34873-PCT-USA-088340.0139

I hereby appoint:

☒ Practitioners at Customer Number

21003

Place Customer  
Number Bar Code  
Label here

☐ OR  
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name LUTZ FABIAN

Signature


Date

18/04/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

# **BAKER BOTTS LLP**

Please type a plus sign (+) inside this box → 

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/018,118
Filing Date	December 14, 2001
First Named Inventor	LUTZ FABIAN
Group Art Unit	
Examiner Name	
Attorney Docket Number	A34873-PCT-USA-086340.0139

I hereby appoint:

☒ Practitioner at Customer Number **21003**

OR

☐ Practitioner(s) named below:

Name	Registration Number

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

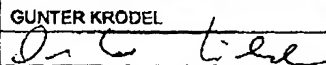
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	GUNTER KRODEL
Signature	
Date	19/04/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

## BAKER BOTTS LLP

Please type a plus sign (+) inside this box → 

### POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/018,118
Filing Date	December 14, 2001
First Named Inventor	LUTZ FABIAN
Group Art Unit	
Examiner Name	
Attorney Docket Number	A34873-PCT-USA-056340.0139

I hereby appoint:

☒ Practitioners at Customer Number

21003

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71,  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Name

DIETMAR RESCH

Signature

*Dietmar Resch*


Date

04/23/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

# BAKER BOTTS LLP

Please type a plus sign (+) inside this box → 

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/018,116
Filing Date	December 14, 2001
First Named Inventor	LUTZ FABIAN
Group Art Unit	
Examiner Name	
Attorney Docket Number	A34873-PCT-USA-068340.0138

I hereby appoint:

☒ Practitioners at Customer Number

21003

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

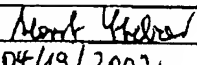
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

### SIGNATURE of Applicant or Assignee of Record

Name	HORT STELZER
Signature	
Date	04/19/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.